Title

“Can you say that again in English please?” I’m sure we have all heard a parent or family member say this, or we have said it ourselves at some point. This is a very common question that the majority of people have to ask their doctors or other various healthcare professionals. The medical field is very complex, and let’s face it—without our medical professionals, the world would suffer. Surgeons and doctors go through rigorous schooling and many years of practice in order to achieve their ultimate goal, which is to better the health of others and possibly save their lives in severe circumstances. Because so much liability lies in the hands of our healthcare professionals, there is a “barrier” or a “line” that everyday people who don’t practice medicine or work in the medical field must cross in order to earn the title of nurse, doctor, surgeon, etc. The barrier is blurry; depending on one’s years of schooling, experience, and profession, obtained knowledge and language can vary. Ultimately, the medical field has its very own discourse community. People who have careers in healthcare have their own language, and they communicate with one another in order to be professional and efficient.

The language of medicine is quite old and has a great deal of history wrapped in it. As opposed to the fourth and fifth centuries when Greek and Latin medical language was used, most medical professionals and scholarly journals use medical English. According to Wulff (2004) “we have entered the era of medical English, which resembles the era of medical Latin, in that, once again, medical doctors have chosen a single language for international communication.” In older times, new medical terms were derived from classic Greek or Latin roots. Now, they are composed of ordinary English words, and doctors from non-English speaking countries now have the choice between importing these words directly and then translating them into their own language (Wulff 2004).

As college students, we are constantly expanding our knowledge on a daily basis. We have already been in school for about 15 years, including elementary school, high school, and college, and many of us will go on even further to graduate school. Although to many of us I am sure, myself definitely included, going to college seems natural. It was never really an option for me—I just knew I would always go to college. However, for many people across the world, even a high school education is not something that happens for everyone in the country. The U.S. Department of Health and Human Services found that according to a 1992 study by the U.S. Department of Education, about 90 million English-speaking adults have literacy skills in the two lowest levels affecting their ability to carry out everyday tasks. Even though people with college degrees and whatnot may have trouble understanding health language, there is this concept of “health literacy” which recognizes that most health information is even more challenging for people with limited literacy skills. The U.S. Department of Health and Human Services defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (U.S. Department of health and Human Services). The point is, many people are lacking the skills that it takes just to be able to communicate with their healthcare providers.

If millions of people cannot even communicate their health needs, imagine what it takes in order to be the health professional trying to figure out what these people are communicating to you. This idea takes us back to the fact that there is a distinction between people of the general population and people who are a part of the medical discourse community.

Here I am, a sophomore in college. My ultimate goal is to become a physician assistant upon completion of four years of undergraduate courses, and then just over 2 years in a graduate program. Currently I am enrolled in a human anatomy course, where I learn the bones, the muscles, the body systems, and so much more. I have been in this class for half a semester, and I have already learned hundreds of new concepts. This goes to show that to become a member of the medical discourse community, you must have a great deal of knowledge. A common stereotype that falls upon doctors is that they are arrogant, fairly unfriendly, and even a bit eccentric. In my opinion, they have the right to be. They know more about our bodies than we do, they have the ability and skill to save our lives, and they know how to take our complaints and diagnose us correctly. Doctors need to have their own terms and phrases in order to keep their professional duties on track. According to Markham (2013) “medical terms are used to accurately describe the condition of the patient and the treatment that he or she needs to undergo. Without proper training and knowledge with terminology, the communication between healthcare workers may get confusing and the patient might not get proper treatment at the end.” Take a patient who comes in complaining of a sore throat. A sore throat has dozens of causes, some very harmless and some that are much more serious. If after running tests and retrieving a definite answer to what the medical condition could be, the doctor simply writes “sore throat” on the patient’s chart, communication becomes ambiguous and very unclear. A sore throat could mean a multitude of things—strep throat, tonsillitis, a peritonsillar abscess, uvulitis, onset of cancer, mononucleosis, or a viral infection among other issues (WebMD 2016). In order for a patient to be diagnosed correctly, the doctor must observe all symptoms, run appropriate tests, and document correctly. In the medical field, there are multiple people—whether it’s a nurse, a nurse’s aide, a doctor, or a surgeon—who look at patients’ charts, so the documentation must be clear and specific. The sore throat example is just one of many examples of where someone has a common complaint, but it might not always be a common diagnosis.

Because medical professionals must know so much about the body, how it works, and all of its potential issues, they must conduct a great deal of research. Von Hoff and Ervin conducted a study involving pancreatic cancer. The background of their study was stated as follows: “In a phase 1–2 trial of albumin-bound paclitaxel (nab-paclitaxel) plus gemcitabine, substantial clinical activity was noted in patients with advanced pancreatic cancer. We conducted a phase 3 study of the efficacy and safety of the combination versus gemcitabine monotherapy in patients with metastatic pancreatic cancer” (Von Hoff & Ervin 2013). Unless you are an experienced medical professional, I can guarantee that you are unsure of what is happening, and you do not know what one or more of the above words means. The point is, there is a border between the medical discourse community and those who not a part of it. What does it take to be considered part of the medical discourse community? The answer is probably when you can fully understand what the above study is on! That, and years of practice with the terms and language used in healthcare.

Everyone uses language every day of their lives—it is inevitable. We speak, we write, and we communicate with others. Whether it’s a casual conversation with our friends or family or a conversation with a professor, we use language. However, it is definitely not every day that we use the type of advanced medical language that health professionals use when they are on the job in our daily conversations. To healthcare professionals, their “work language” is their second language. They can speak it fluently and communicate with their colleagues in a way that most people cannot. And surely they don’t go home to their families and speak in medical language.

Medical discourse communities are a paradox. It’s easy to understand that doctors and nurses don’t go around speaking in everyday languages; they simply cannot do so due to the scope of their careers. Their careers require a medical knowledge, and a medical knowledge means understanding the languages of medicine. The difficult aspect involves the process of becoming competent enough in the language to be able to have a job where you must use the language to determine patients’ health and quality of life. A serious matter such as a person’s quality of life calls for a serious language.

The fact that medical professionals know big words and complex names of diseases and terminology is a good thing. It makes patients trust their doctors, because the doctors know something about the patients that they do not know themselves. It is important for the patient to trust their healthcare provider, and if a doctor told a patient their sore throat was “just a sore throat” rather than something such as gastroesophageal reflux disease, that doctor would not be doing his or her job in the proper way. A medical discourse community is indeed necessary in order for doctors to do their job.

Medical discourse does have a dark side. Poirer and Brauner have a valid scenario: when patients get admitted into the hospital, the physician must present the patient’s case in a morning report. Initially, when the patient tells the doctor the backstory of how they arrived in the hospital, the doctor takes the spoken word and makes a report of it. According to Poirer and Brauner (1988) “this assumes the presence that is verbalized for the first time is the encounter of physician and patient. The presence, however, could also be seen as the experience that brings the patient-to-be, voluntarily or not, to the physician.” Distinguishing between these two events leads to the question of, is the story being told in the medical report the story of the patient's life or of the physician's relationship with the patient's illness? The two options can certainly lead to ethical dilemmas. Doctors are after all only human, and a patient telling a doctor their story in plain language, and the doctor trying to interpret it in medical language can lead to confusion.

Another touchy topic regarding medical discourse is that since people who are not proficient in the medical language are unsure of what their doctors are telling them and they trust their doctors, they just go with whatever the doctor tells them. Sometimes people do not stop to ask questions, or ask for a second or third professional opinion. People think that since doctors have the title of “doctor” they are always right, and no matter how hard it is to understand or pronounce what they are rattling off to you, they know what is wrong with you.

Medical professionals definitely belong to a medical discourse community. They have their own language, and what it takes in order to cross the line from being a non-medical discourse community member to being a medical discourse community member can be quite challenging. The challenge sets up the need for the medical language and its entirety. The medical discourse community is vital throughout the entire world, and being aware of why is exists can help ordinary people gain more knowledge on the topic and make their next visit to the doctor’s office a better experience.

Title of my Paper

By Katie Knapp

Central Michigan University

ABSTRACT: Here I will write a summary of my paper.

KEYWORDS: *keyword for this. (main topic points)*

Author, year, p. 2

Author, year, par, 34)

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